

Child's Name: _____

If your child has a nickname, what is it? _____

The next 5 questions are for kindergarten & school age children only.

Name of School: _____

School Address: _____

How will your child get to and from school? _____

Is a transportation company involved? (Taxi, bus service) Yes or No (please circle one)

If yes, what is the name of the company? _____

Family

Names of brothers and sisters

birth date

does this sibling
live with the child?

Names of others living in the home

Relationship to child

What languages are spoken in your home? _____

If your child has a pet, what kind of animal and what's its name?

Food

Describe your child's appetite: _____

What foods do you not permit your child to eat? _____

What time does your child usually eat?

Breakfast _____ Lunch _____ Snack _____ Supper _____

Please provide any further information relating to your child with regard to food or eating:

Self-Care

Does your child need help with dressing? Yes or No (please circle one). If yes, please identify areas of difficulty: _____

Is your child in diapers? Yes or No (please circle one)
Has training begun? Yes or No (please circle one)
Is your child completely trained? Yes or No (please circle one)
Does your child need help? Yes or No (please circle one) If yes, please identify
Areas where assistance is required: _____

Do you use any special words pertaining to toileting? Yes or No (please circle one). If yes, please list them: _____

Does your child nap? Yes or No (please circle one). If yes, what is his/her current nap time routine? _____

Does your child have any concerns relating to nap time? Yes or No (please circle one). If yes, what are they? _____

Social/Emotional Development

Does your child separate easily from you? Yes or No (please circle one)

How does your child show feelings of:

Affection: _____

Worry: _____

Fear: _____

Anger: _____

Frustration: _____

Excitement: _____

Is your child shy? Yes or No or Sometimes (please circle one)

With whom? _____

When? _____

Does your child have a favourite toy, blanket, bottle, soother...? Yes or No (please circle one)
If yes, please identify: _____

Does your child enjoy:

Playing by his/herself? Yes or No (please circle one)

Playing with younger children? Yes or No (please circle one)

Playing with own age children? Yes or No (please circle one)

Playing with older children? Yes or No (please circle one)

Does your child make new friends easily? Yes or No (please Circle one)

Please comment: _____

Does your child have imaginary playmates? Yes or No (please circle one). If yes, please describe: _____

What activities does your child like? _____

What activities does your child dislike? _____

Is your child enrolled in any extracurricular activities? Yes or No (please circle one)

If yes, please list: _____

How do you handle discipline in your home? _____

What characteristics in your child's development would you like:

Encouraged? _____

Discouraged? _____

Please take a moment and write about your child.

What is your child like?

What do you enjoy most about your child's personality?

What do you enjoy doing together as a family?

What holidays and family traditions are important to you and how do you celebrate as a family?

What are some things you, as their parent/guardian, know that would be important for us to know?

Thank you for writing to us so we can help make your child feel at home in our program.

Please provide us with your email address as this is a convenient way for us to communicate non-urgent matters.

Email Address: _____

Date: _____

Parent/Guardian Signature

**Bright Beginnings
Early Childhood Centre**

Permission for Pick-up Form

Child/Children's Names: _____

I _____, hereby give permission to the following persons to pick up my child/children. (The first 3 spaces are the people who will be contacted first in case of an emergency.)

1. Name: _____

Relationship to child: _____

Home #: _____ work #: _____ cell #: _____

2. Name: _____

Relationship to child: _____

Home #: _____ work #: _____ cell #: _____

3. Name: _____

Relationship to child: _____

Home #: _____ work #: _____ cell #: _____

4. Name: _____

Relationship to child: _____

Home #: _____ work #: _____ cell #: _____

**Bright Beginnings
Early Childhood Centre**

Membership Application

Attention: Board of Directors

I hereby apply for membership in Bright Beginnings Early Childhood Centre. I understand that there is a membership fee of \$10.00 which is non-refundable. This membership is valid until my contract for services is terminated unless the Board of Directors is otherwise notified.

I also understand that this privilege of membership entitles me to certain rights and responsibilities:

1. On becoming a member, I hereby agree to abide by the bylaws of the Centre.
2. On becoming a member, I hereby agree to abide by the policies and procedures set forth by the Board of Directors of Bright Beginnings Early Childhood Centre and as explained to me during the orientation process.
3. On becoming a member, I hereby agree to participate in the parent fund raising program. Each month I agree to pay \$10.00 on top of my fees.
4. On becoming a member, if within the first 30 days of service I am not happy with the service that the Co-operative is providing, I have the right to terminate my contract with one week's notice.
5. On becoming a member, I have the right to one vote at any general or annual meeting of the membership.
6. On becoming a member, I have the right to attend any meeting of the Board of Directors. I understand that here I can address concerns and voice opinions and ideas.

Date

Signature

Name (please print)

Witness signature

**Bright Beginnings
Early Childhood Centre**

**Parental Care for Emergency
Care and Transportation**

Date: _____

Name of child/children: _____

If at any time, due to circumstances as an injury or sudden illness where medical treatment is necessary, staff are limited to administering first aid. I understand that I will be notified immediately and will decide what course of action to take. Should I not be able to be reached, or if time is limited, I authorize the child care staff of Bright Beginnings Early Childhood Centre to take whatever emergency measures they deem necessary for the protection of my child/children while in their care.

I understand that this may involve calling a physician, interpreting and carrying out any instructions, and transporting the child to a hospital, including the possible use of an ambulance.

If possible, the hospital will be _____

The physician to contact will be _____

Address: _____

Phone Number: _____

I understand that this may be done prior to contacting me, and that any expense incurred for such treatment, including ambulance fees, is my responsibility.

Parent/Guardian Signature

**Bright Beginnings
Early Childhood Centre**

Picture/Video Consent

Date: _____

I _____ parent/legal guardian of _____

hereby give consent for:

My child's/children's pictures/video to be taken and displayed for centre purposes or to be utilized in materials which are sent home.

YES

NO

(please circle one)

Parent/Guardian Signature

**Excursion and Transportation Consent
(Required Form)**

Child Care Regulation 35(2)(f) requires every licensee keep a record with respect to each child attending the facility that includes any authorization provided by the child's parent for i) an excursion not involving transportation and (ii) an excursion involving transportation. In accordance with subsection 53(8), a risk assessment must be conducted by the licensee before any excursion. Excursions where natural or other hazards exist will also require completion of Special Excursion Consent Form.

I hereby give permission to _____
(Name of child care home provider of child care centre)

for my child _____ for the following:
(Name of child)

to participate in excursions, not involving transportation or neighbourhood walks:

yes no
(please circle one)

to participate in excursions involving public or private transportation

yes no
(please circle one)

Comments or Exceptions:

Date: _____ Parent/Guardian Signature

Note: When a parent or guardian does not authorize his/her child to participate in an excursion, the facility is obligated to provide alternate care.

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Government of Saskatchewan
Saskatchewan.ca

Bright Beginnings Early Childhood Centre

We give our best so children can be their best

3775 Regency Crescent
Regina, Saskatchewan S4R 8K5
Phone: (306) 543-7373

Email: brightregent@sasktel.net

Website: www.brightbeginningsearlychildhood.ca

Social Media Consent

Bright Beginnings Early Childhood Centre has social media accounts to be used as a space where we can share children's photos and videos of their daily activities.

Please fill out the form below indicating if you approve or disapprove of your child being featured on our social media pages.

Social Media Release Form

(Complete and return)

_____ **Yes**, I give my consent for my child's/children's pictures/videos to be featured on Bright Beginnings' social media sites

_____ **No**, I do not consent to have my child's/children's pictures/videos featured on Bright Beginnings' social media sites

Child/children's names: _____

Parent Signature: _____ Date: _____

Communicable Disease Guidelines

Infection	When to Exclude
Fever of 37.8 (100 F) or higher	Child may return when fever has remained below 37.8 for 24 hours without the use of medication and at the discretion of the Director
Chickenpox	Exclude if illness is severe, if entering a new setting where children have not been exposed & if children are not well enough to participate in all program activities
Diarrhea & Vomiting	While symptoms persist and until 48-72 hours from last episode of vomiting or diarrhea
Fifth Disease	No exclusion required as long as no other symptoms exist (fever, vomiting etc.) and the child is well enough to participate in all program activities
Hand Foot & Mouth Disease	If a fever is present and until the child is well enough to participate in all program activities
Head Lice	Refer to Bright Beginnings Head Lice Policy
Impetigo	Until antibiotic treatment has been taken for 24 hours and at the discretion of the director
Influenza	5-7 days after onset or while there are symptoms and 48-72 hours from last incident of vomiting and/or diarrhea
Measles	From start of symptoms until 4 days after start of rash
Mumps	Exclude 5 days after onset of swelling (9 days if still symptomatic)
Pinkeye (Conjunctivitis)	Child may return after receiving treatment for 24 hours and at the discretion of the Director
Respiratory Infections (incl. COVID-19)	5-7 days after onset and while symptoms exist
Ringworm	Exclude from skin-to-skin contact sports and activities until seen by a health care provider and appropriate therapy started
Scabies	Child may return after full treatment has been completed and at the discretion of the Director
Shigella	Child may only return once permitted by a Medical Health Officer
Staphylococcal Infection (wound or skin infection)	Affected areas should be covered. Exclusion is at the discretion of the Director

Strep Throat (Scarlet Fever, Scarletina)	Exclude until 24 hours after treatment begins and until child is able to participate in all program activities
Whooping Cough (Pertussis)	Exclude until 5 days after start of antibiotics

Child's Name: _____

Start Date: _____

Date of Birth: _____

Saskatchewan Health Services Number: _____

Mothers Name: _____ Fathers Name: _____

Home Address: _____ Home Address: _____

Postal Code: _____ Postal Code: _____

Home Phone: _____ Home Phone: _____

Cell Phone: _____ Cell Phone: _____

Place of Business: _____ Place of Business: _____

Business Phone: _____ Business Phone: _____

**Are both parents above authorized to remove the child from the child care facility?
Yes or No (please circle one)**

Comments: _____

In case of an emergency, the child care services will contact the following physician for medical treatment:

Physicians Name: _____

Address: _____

Phone Number: _____

Are your child's immunizations up to date? Yes or No (please circle one)

Medical History

Please circle any of the following illnesses your child has had:

- | | | | |
|----------------|-------------|----------------|-----------------|
| Asthma | Bronchitis | Chicken Pox | Convulsions |
| Croup | Diphtheria | Earaches | Eczema |
| Frequent Colds | Influenza | German Measles | Red Measles |
| Mumps | Pneumonia | Polio | Rheumatic Fever |
| Scarlet Fever | Tonsillitis | Whooping Cough | |

Other illnesses (please list): _____

Injuries (please list): _____

Allergies

Does your child have any known drug allergies? Yes or No (please circle one)

If yes, what are they and what are your child's reactions?

Does your child have any known food allergies? Yes or No (please circle one)

If yes, what are they and what are your child's reactions?

Does your child have any other reactions? Yes or No (please circle one)

If yes, what are they and what are your child's reactions?

Other Medical History

Does your child take any medications on a regular basis? Yes or No (please circle one)

If yes, please give the name of the medication and the medical condition for which it is taken.

Was your child born prematurely? Yes or No (please circle one) If yes, how many weeks? _____

Do you have any concerns about your child's development? _____

Are there any restrictions on the kind and/or amount of physical activity in which your child may participate? Yes or No (please circle one) If yes, please identify: _____

Has your child ever undergone surgery? Yes or No (please circle one) If yes, please list:

Are there any special diets necessary for your child's health? Yes or No (please circle one) If

yes, please describe: _____

Please comment on any other medical information the child care facility should be aware of.

Emergency Contact person in case we cannot reach you.

Name:

Relationship:

Phone number:

Name:

Relationship:

Phone Number:

Date: _____

Parent/Guardian signature: _____